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ABSTRACT

The purpose of this study was to ascertain reasons for non-participation in a public family planning program following a commitment to participate. A sample of 650 women who had made appointments at a public family planning clinic were divided into four groups: Post-Partum Kept (PPK), Post-Partum Missed (PPM), Supply Kept (SK), and Supply Missed (SM). Interviews were completed on 329 (51%) of the sample. The focus of each interview was a 45-item attitude questionnaire. A multiple discriminant analysis (MDA) on the background data revealed no significant differences among any of the four groups of respondents. A principal component factor analysis with varimax rotation computed on 45 attitude items resulted in three independent content-homogeneous components which accounted for approximately 27% of the total variance. No significant differences were found between the SK and SM groups. It was concluded that respondents who missed post-partum appointments had less favorable attitudes toward birth control and the clinic, and were more concerned with personal rights than the respondents who kept the appointments. (Author/BW)

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The Family Planning Clinic at John Peter Smith Hospital (JPSH) has been in operation since June, 1970. Unfortunately, the clinic has not been a total success. Of the women who made initial appointments during the period of June 1, 1970 to May 31, 1971, about 200 (15%) failed to return to the clinic. In addition, approximately half of the women who kept initial appointments failed to keep subsequent supply appointments. The problem of keeping women involved in a family planning program has not been unique to the clinic at JPSH. In fact, most clinics have been dissatisfied with their continuance rates of 60 to 80 percent (e.g., Corkey, 1966; Frank and Tietze, 1965; Kee and Tee, 1971; Speidel and Wiener, 1970).

Obviously, adoption of a clinic-managed birth control method has only short-term advantages if women do not continue using it, as implied by their failure to return to the clinic to pick up supplies. With this in mind, the present study was designed to begin a systematic analysis of psychological factors associated with the failure to keep family planning appointments at the JPSH Clinic. Women who kept appointments were compared with those who did not. Although Corkey (1966) concluded that background characteristics were not useful

predictors of continuance, this information, as well as verbal reports of why appointments were made and missed, was obtained from the women. In addition to a consideration of background characteristics, a 45-item attitude questionnaire was devised to assess some possible attitudes that might affect clinic attendance. Based on relevant literature (e.g., Corkey, 1966; Corkey, Tuthill, and Knott, 1968), it was decided that attitudes toward both the clinic and the hospital as well as attitudes toward birth control might affect the continuance rate. It was expected that women who kept appointments would report more favorable attitudes toward the Family Planning Clinic and birth control. As a function of the expected results, it was proposed that better, more effective methods of recruiting and retaining participants in the family planning program could be determined.

Method

Subjects. The subjects were 650 women who had made appointments at the JPSH Family Planning Clinic during the months of February, March, and April 1971. Women who had appointments for annual checkups or who were having medical complications were excluded from the study. The remaining women were divided into four groups: (1) Post-partum Kept, (2) Post-partum Missed, (3) Supply Kept, and (4) Supply Missed. Women who accepted post-partum appointments and attended the clinic were classified as Post-partum Kept (PPK).

Those who accepted appointments but failed to attend were considered Post-partum Missed (PPM). The two Supply groups consisted of women who had attended the Family Planning Clinic at least once and had made appointments to pick up supplies. Women who returned to the clinic for the supply appointment were designated Supply Kept (SK), and those who failed to pick up supplies were considered Supply Missed (SM).

Interviewers. It was thought that women would be more responsive to interviewers with whom they could identify. Therefore, three Black, three White, and two Mexican-American interviewers were selected and trained by project staff members at the Institute of Behavioral Research. During the training sessions, the interviewers were given a general orientation to the project, received instructions on home interviewing, and participated in interviewer-respondent role playing. With few exceptions, the respondents were interviewed by a representative of their own ethnic group.

Procedure. Four days prior to the proposed interview, letters were sent to the prospective respondents informing them that a representative of the Institute of Behavioral Research desired to interview them at their home. The letter stated the time of day that the proposed interview was to take place; that, if the proposed interview time was not convenient, the respondent could call the Institute of Behavioral Research to change the time; that each respondent should feel free to cancel the interview if she did not wish to be interviewed;

and that a three dollar monetary compensation for the respondents' time would be given for each interview.

The interviewers were instructed to introduce themselves as representatives of the Institute of Behavioral Research and to ask the prospective respondents to cooperate in providing information concerning the Family Planning Clinic at JPSH. Each respondent was assured that her responses would be confidential. At the beginning of each interview, reproductive histories, marital status, and birth control use were obtained and recorded by the interviewers. Respondents were then given a separate copy of the second part of the interview form which consisted of 45 attitude statements. They were requested to read each statement silently as the interviewer read aloud, and to mark their responses on a five-point scale ranging from Strongly Agree to Strongly Disagree. Spanish forms were available for respondents who preferred to read in Spanish.

After the attitude section was completed, the interviewers asked the respondents why they had made the appointments at the Family Planning Clinic. Those who did not keep their appointments were asked why they had missed. Although the questions were open ended, the responses were coded by the interviewer according to existing categories. At the conclusion of each interview, each respondent was paid three dollars for her time.

Of 650 letters mailed, 96 were returned, 38 women canceled, and 141 attempted interviews were unsuccessful. There were three common reasons for unsuccessful interviews; the women had

moved, were not at home, or could not be located. Another 45 were not considered in the analysis because reliability checks on the interviewers revealed that one interviewer had unacceptable data. Statistical analyses were carried out on the remaining 329 completed interviews.

Results

Chi-squares on the background data revealed no significant differences among any of the four groups of respondents. Chi-squares on the reported reasons for making and missing appointments suggested that transportation problems might account for not keeping initial appointments ($\chi^2 = 4.44.$, df = 1, $p < .05$); however, no differences were noted in the reasons for making appointments.

A principal component factor analysis with varimax rotation (Morrison, 1967) computed on the 45 attitude statements resulted in three content-homogeneous principal components which accounted for approximately 27 percent of the total variance of the original items. The three cluster solution was selected by using the "scree test" (Cattel, 1966) and eliminating, from each principal component, items that loaded less than $|.40|$. Fourteen statements were discarded because of low factor loadings. The items which comprise the three clusters along with the factor loadings, means, and standard deviations appear in Table 1.

The interpretive labels for the three clusters of items are as follows:

(1) Value of Birth Control and Family Planning

The 11 statements on this cluster represented attitudes toward birth control methods and the goals of the Family Planning Clinic.

(2) Climate of the Family Planning Clinic

This cluster, consisting of 12 statements, reflected attitudes toward the personnel, doctors, and medical services.

(3) Awareness of Personal Rights at the Family Planning Clinic

The 8 statements in this cluster represent attitudes toward the individual's right to plan the number of and spacing of children and the method of contraception.

Each person was assigned a cluster score (the unweighted sum of the responses to the items included in that cluster) on each of the three clusters. To determine if there were significant differences among the four groups as a function of the three clusters, a Multiple Discriminant Analysis (MDA) was computed on the four respondent groups using the three clusters as dependent variables. A chi-square test of significance of the separation of the groups yielded by a discriminant function (Rao, 1952, 372-373) indicated that the PPM and PPK groups responded differently to the items contained within each cluster ($\chi^2 = 9.82$, $df = 3$, $p < .05$). Thus, the three clusters did distinguish between the PPM and PPK respondents as a function of

Table 1. Attitude Item Statistics for Clusters I, II, and III

Cluster I. Value of Birth Control Methods and the Family Planning Clinic

Items	+ / -	Loading	Item Statistics[a] PPK n = 116 Mean	PPK SD	PPM n = 53 Mean	PPM SD	SK n = 106 Mean	SK SD	SM n = 54 Mean	SM SD	All Groups N = 329 Mean	All Groups SD
26. Information given to women at the Family Planning Clinic is hard to understand	-	.67	3.96	.72	3.79	.76	3.78	.90	3.78	.90	3.84	.82
38. It is wrong for couples to plan the number of children in their family	-	.62	3.99	.88	4.02	.81	3.84	1.03	3.92	1.00	3.94	.94
7. A woman over 35 does not have to worry about birth control because she cannot get pregnant	-	.57	4.26	.80	3.90	1.07	4.03	1.02	4.24	.82	4.12	.94
22. The Family Planning Clinic tries to stop a woman from having the number of children she really wants	-	.55	3.92	.99	3.89	.90	3.98	1.01	3.81	1.07	3.92	1.00
11. Birth control measures do not prevent pregnancies	-	.51	3.38	1.13	3.26	1.23	3.38	1.14	3.50	1.01	3.38	1.13

Table 1. (Continued)

Items	+ -	Loading	PPK n = 116 Mean	PPK SD	PPM n = 53 Mean	PPM SD	SK n = 106 Mean	SK SD	SM n = 54 Mean	SM SD	All Groups N = 329 Mean	All Groups SD
			Item Statistics									
19. Women who miss appointments at the Family Planning Clinic are denied further Family Planning services	-	.46	3.89	.85	3.51	1.06	3.97	.86	3.74	.88	3.83	.91
6. The personnel at the Family Planning Clinic make appointments for women without asking them if they can make it in at that time	-	.45	3.47	1.23	3.11	1.09	3.24	1.24	3.18	1.26	3.29	1.23
13. The Family Planning Clinic at John Peter Smith Hospital is the only clinic in Tarrant County that provides family planning services	-	.42	3.26	1.07	3.28	.96	3.17	1.18	3.17	1.17	3.22	1.10
18. The Family Planning Clinic tries to force a woman to use a birth control method	-	.42	4.11	.85	4.00	.85	4.08	.86	4.22	.57	4.10	.81

Table 1. (Continued)

Items	+ / -	Loading	Item Statistics: PPK n = 116 Mean	PPK SD	PPM n = 53 Mean	PPM SD	SK n = 106 Mean	SK SD	SM n = 54 Mean	SM SD	All Groups N = 329 Mean	All Groups SD
28. Birth control methods do not help couples have children when they want them	-	.41	3.64	.93	3.36	.97	3.41	1.01	3.39	1.02	3.48	.99
43. More people would go to the Family Planning Clinic if it were not so far away	-	.40	2.84	1.08	2.60	1.02	2.90	1.13	2.87	1.07	2.83	1.09
Cluster II. Climate of the Family Planning Clinic												
34. Most women do not mind waiting to see a doctor at the Family Planning Clinic	+	.61	2.77	1.14	2.74	1.08	2.58	1.16	2.63	1.09	2.68	1.13
33. The personnel at the Family Planning Clinic are easy to talk to	+	.59	1.82	.65	2.13	.80	1.90	.70	1.98	.83	1.92	.73
23. The personnel at the Family Planning Clinic are well trained	+	.58	1.82	.69	2.02	.60	1.90	.66	1.96	.61	1.90	.66

Table 1. (Continued)

Items	+ -	Loading	PPK n = 116 Mean	PPK SD	PPM n = 53 Mean	PPM SD	SK n = 106 Mean	SK SD	SM n = 54 Mean	SM SD	All Groups N = 329 Mean	All Groups SD
			Item Statistics									
31. The personnel at the Family Planning Clinic ask too many questions	-	.57	3.81	.88	3.55	.84	3.62	.99	3.83	.92	3.71	.92
42. The Family Planning Clinic tries to help women	+	.51	1.63	.53	1.70	.46	1.68	.58	1.65	.58	1.66	.54
39. The personnel at the Family Planning Clinic are unfriendly	-	.50	4.12	.74	3.83	.86	4.01	.81	3.98	.99	4.02	.83
32. The Family Planning Clinic has both day and evening clinics	+	.50	2.23	.76	2.36	.68	2.31	.80	2.42	.91	2.31	.79
27. The Family Planning Clinic provides good medical service	+	.49	1.90	.77	2.17	.72	1.95	.65	1.87	.47	1.95	.69
15. Doctors at Family Planning do not take enough time with each woman	-	.41	3.50	1.09	3.45	1.14	3.25	1.16	3.26	1.06	3.37	1.12

Table 1. (Continued)

Items	+ / -	Loading	Item Statistics: PPK n = 116 Mean	PPK SD	PPM n = 53 Mean	PPM SD	SK n = 106 Mean	SK SD	SM n = 54 Mean	SM SD	All Groups N = 329 Mean	All Groups SD
37. There is always someone at the Family Planning Clinic to watch the children while the mother is with the doctor	+	.41	3.04	1.06	3.09	.90	3.08	1.00	3.07	.96	3.07	1.00
41. The Family Planning Clinic keeps after women until they collect on unpaid bills	-	.41	3.67	.94	3.45	.94	3.67	1.03	3.70	.97	3.64	.98
35. The doctors at the Family Planning Clinic are hard to talk to	-	.41	3.75	.85	3.64	.85	3.60	.98	3.46	1.07	3.64	.94
Cluster III. Concern for Personal Rights in Family Planning												
24. Couples should have the right to decide for themselves when to stop having children	+	.61	1.85	.81	1.83	.77	1.93	.92	1.61	.70	1.84	.83
8. A woman should have the right to decide whether or not she wants to use a birth control method	+	.54	1.48	.61	1.70	.77	1.74	.83	1.57	.78	1.61	.75

Table 1. (Continued)

Items	+ −	Loading	PPK n = 116 Mean	PPK SD	PPM n = 53 Mean	PPM SD	SK n = 106 Mean	SK SD	SM n = 54 Mean	SM SD	All Groups N = 329 Mean	All Groups SD
			Item Statistics									
30. Proper use of a birth control method prevents pregnancy	+	.51	1.85	.70	2.08	.75	1.80	.71	1.83	.66	1.87	.71
17. A woman should be allowed to decide which method of birth control will be used	+	.50	1.81	.92	1.85	.68	1	.88	2.02	.91	1.88	.87
20. Couples should plan how many years apart they want their children	+	.50	1.66	.72	1.75	.64	1.68	.56	1.63	.52	1.68	.63
29. The Family Planning Clinic expects women to keep their appointments	+	.48	2.02	.67	2.08	.61	2.05	.70	2.02	.65	2.04	.67
14. At the Family Planning Clinic a woman decides whether or not she wants to use a birth control method	+	.44	1.82	.86	1.85	.56	1.90	.71	2.09	.87	1.90	.78
3. Birth control supplies are free at the Family Planning Clinic	+	.40	1.70	.68	1.85	.74	1.60	.71	1.70	.	1.70	.7

[a]Negative signs (-) denote items which are considered unfavorable perceptions of the dimension. The means reported in this table are not reversed.

their attitudes toward (1) birth control and family planning, (2) the climate at the Family Planning Clinic, and (3) the awareness of personal rights at the Family Planning Clinic. No significant differences were found between the SK and SM groups.

Discussion

The major focus of this study centered around the attitudes of the respondents, with particular emphasis on those who missed family planning appointments. Although there was a general tendency to evaluate the clinic favorably, the PPM and PPK groups reponded differently to the items representing each of three attitude dimensions. The PPM group responded on all three dimensions less favorably than the PPK group. They perceived the birth control methods as less effective, the clinic as less valuable and less inviting, and they were more concerned with their individual rights than the PPK group.

It should be noted that at the time of the interviews the PPM respondents had never attended the Family Planning Clinic. Their only association with the family planning personnel had been as patients in the post-partum ward. It is possible that the less favorable attitudes of the PPM respondents might have been a function of that interaction. On the other hand, they might have been based on their feelings toward JPSH or on what they had heard from other people. The most feasible approach to improving the attitudes toward the Family Planning Clinic is for the personnel who first encounter the potential partic-

ipants to strive to make favorable impressions. Thus, the major responsibility for insuring positive attitudes rests on the family planning personnel themselves.

To combat noncontinuance in the program, it also appears that it will be necessary to discover some means to make sure that every participant realizes that the choice of a birth control method is hers and hers alone. This might be accomplished by stressing all methods of birth control during the post-partum visit and orientation session rather than mentioning all methods while stressing one or two of them. In addition, the participants should be informed that they do not need to use a clinic-managed method of birth control in order to be eligible for the other family planning services. Such a tactic might make each participant feel more freedom of choice than is presently felt and, if this approach were successful, it is possible that more women would accept and use some means of contraception. For example, it may be that participants feel some fear or dislike for the oral pill, yet they accept it because after the lecture it seems that any intelligent person would choose the pill as her method of contraception. Once the participant leaves the clinic, however, the fear or dislike of the pill might overcome her fear of pregnancy and she might choose to take a chance rather than continue on the pills as directed. In such a case, the participant could remove herself from an uncomfortable situation by simply dropping out of the program.

Although this study has provided some helpful information about possible means for improving the retention rate at the Family Planning Clinic, it can only be considered the beginning of a research process designed to uncover psychological variables that affect continuance. It will be necessary to refine the scales that have been suggested by the present research as well as to consider new ones. Hopefully, it will eventually be possible to develop a set of scales that will enable one to reliably predict which patients will drop out of the program and why, so that appropriate steps can be taken to keep them active.

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